MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.		
APPLICANT(S)	FILING DATE	

FILING DATE

(illegible stamp)
National Stage Processing
Paralegal Specialist
(703) 305-0421

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1					51						
2		1		1				52						
3		2		1				53						
4		0		1				54						
5		0		1				55						
6		0		1				56						
7								57						
8								58						
9								59						
10								60						
11								61						
12								62						
13								63						
14								64						
15								65						
16								66						
17								67						
18								68						
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27								77						
28								78						
29								79						
30								80						
31								81						
32								82						
33								83						
34								84						
35								85						
36								86		1				
37								87						
38								88						
39								89						
40								90						
41								91						
42								92						
43								93						
44								94						
45								95						
46								96						
47								97						
48								98						
49								99						
50								100						
TOTAL IND.	1		1					TOTAL IND.						
TOTAL DEP.	6		5					TOTAL DEP.						
TOTAL CLAIMS	7		6					TOTAL CLAIMS						

PTO - 1360 (REV. 11/80)

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